

## American Headache Society® (AHS)/Merck US Human Health Scholarship Award Application

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### Instructions for Candidate

*Criteria for selection are based on:*

1. The quality of the research proposal
2. The potential for the proposal, study or thesis to contribute to the advancement of knowledge and future research in the field of headache medicine.

*Applicants must submit 1 (one) copy of the application and all supporting materials with the data required below. In addition, an electronic version of the materials would also be helpful if possible.*

1. Be a Headache Medicine Fellow, Resident, and/or PhD student who is in preparatory, active or completion phase of a basic or clinical research project that is related to headache or cranial nociception.
2. Submit a two-page summary of their current or proposed research.
3. Be willing to present their proposal or results to attendees at the 14<sup>th</sup> International Headache Congress to be held September 10 – 13, 2009 at the Pennsylvania Convention Center in Philadelphia, PA. Your presentation will be ten-minutes in length. The date and times for the presentations will be sent at a later date.
4. Submit application form and proposal to AHS Executive offices no later than 5:00pm on Friday, May 1, 2009.
5. Reside in the United States.

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### Letter of Recommendation

1. Attach a letter of recommendation by a training director, department chair or AHS member.
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***The deadline for submission is 5:00 PM Eastern on Friday, May 1, 2009.***

Please send 1 (one) copy of the completed application (and an electronic version if possible) with all supporting materials to:

American Headache Society® (AHS)  
19 Mantua Road  
Mount Royal, NJ 08061  
856-423-0043 (Executive Offices – Option 1)  
856-423-0082 fax  
ahshq@talley.com  
[www.AmericanHeadacheSociety.org](http://www.AmericanHeadacheSociety.org)

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Please type or print

### Personal Data

Name: \_\_\_\_\_  
First Last Credentials

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Post MD/DO Graduate Year: \_\_\_\_\_

### Title of Project

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Objectives

Briefly describe your  
career aims and how  
your proposed project  
will support these goals

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\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_